FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000012822 (9)

| | GUST | ENTERPF | RISES, INC. | | | | | | | | | | |
|--|---|---------------------------------------|-------------|-----------------|---------------|---------------------------------------|-----------------------|---|---|----------------|----------------------------|---------------------------------------|--|
| Pı | rincipal Place | e of Busines | .s | Mailing Address | | | | \dashv | i itojatoi iib ibibi biri been ben ben b | IIM OOMBAILEIL | 1100 11140 | | |
| VARIOUS VENDING MACHINE LOCATIONS 10963 SW 124 RD MIAMI FL 33176 MIAMI FL 33176-544 US US | | | | | | | | | DO NOT WRITE | IN THIS S | PACE | | |
| | | | | | | | | | 3. Date Incorporated or Qualified | | | | |
| 2. | Principal P | Place of Business 28. Mailing Address | | | | | | | 02/13/1995 4. FEI Number | | T _{Ar} | oplied For | |
| 21 | | 26 | | | | | | 65-0553885 | | —— <u>—</u> | ot Applicable | | |
| | Sulte, Apt. | , Apt. #, etc. Suite, Apt. #, etc. | | | , etc. | · · · · · · · · · · · · · · · · · · · | | | 5. Certificate of Status Desired | | | Additional | |
| 22 | City 9 Ptots | | | | | | | | | | Fee Re | · · · · · · · · · · · · · · · · · · · | |
| 23 | City & State | , | | 28 | 28 | | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | | | | |
| L | Zip | Country Zip Co | | Country | 4 | | · | orporation owes or has paid the currept year Intangible nal Property Tax due June 30. | | | | | |
| 24 | 9. Name and Address of Current Registered Agent | | | | | | | | 10. Name and Address of New Re | | | | |
| ┢ | GUST, FRED L JR. | | | | | | | | | | y | | |
| | 10963 SW 124 RD | | | | | | Stroot / | Addros | s (P.O. Box Number is Not Acceptab | la) | | | |
| MIAMI FL 33176 | | | | | | 82 | | 100:03 | o (1 .C. DOX 11011DDI 10 1101 NCOOPIAD | | | | |
| | | | | | | 83 | | | | | | | |
| | | | | | | 84 | City | | · · · · · · · · · · · · · · · · · · · | FL | 85 Zip (| Code | |
| Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) DATE | | | | | | | | | | | s registered registered | | |
| 12 | | orgradute, typed | | AND DIRECTORS | (110.12 11 | 13. | eni eignetate | TOQUITOD 1 | ADDITIONS/CHANGES TO OFFIC | | DIRECTOR | S IN 12 | |
| 711 | | PSTD | | | ELETE | 1.1 TITLE | | | | | Change | Addition | |
| NA | 0.000, 1.1.00 | | | 1 | | 1.2 NAME | | | | | | | |
| STREET ADDRESS 10963 SW 124 RD | | | | 1.3 | | 1.3 STREET ADDRESS | | | | | | | |
| - | Y-ST-ZIP | <u>MIAMI F</u> | EL 33176 | — — — — | T. PTE | 1.4 CITY - 5 | ST-ZIP | | | | Channa | Addition | |
| | TITLE NAME | | | ں لیا | " | | 2.1 TITLE 2.2 NAME | | | ļ | Change | Addition | |
| | ME REET ADDRESS | | | | | 2.2 NAME 2.3 STREET | ADDRESS | | | | | | |
| - | ry-st-zip | | | | | 2.4 CITY - | | | | | | | |
| TIT | | | | D | ELETE | 3.1 TITLE | | | | 1 | Change | Addition | |
| NA | ME | | | | | 3.2 NAME | | | | | | | |
| STI | REET ADDRESS | | | | | 3.3 STREET | ADDRESS | | | | | | |
| | Y-ST-ZIP | | | — Па | C) CTC | 3.4 CITY - | ST-ZIP | | | | Tobacca | Addition | |
| TIT | | | | □ 0 | ELEI E | 4.1 TITLE | | | | ı | Change | Addition | |
| | ME Reet address | | | | | 4.2 NAME 4.3 STREET | | | | | | | |
| | Y-ST-ZIP | | | | | 4.4 CITY - S | | | | | | | |
| TIT | | | | D | ELETE | 5.1 TITLE | | | | | Change | Addition | |
| NA. | ME | | | | | 5.2 NAME | ſ | | | | | | |
| STI | REET ADDRESS | | | | | 5.3 STREET | ADDRESS | | | | | | |
| $\overline{}$ | Y-ST-ZIP | | | | | 5.4 CITY - S | T-ZIP | | | | | 1 4 4 100 | |
| TIT | lF 1 | | | L.J DI | ELETE | 6.1 TITLE | - 1 | | | | Change | ☐ Addition | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.2 NAME

6.3 STREET ADDRESS

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

mal 10 1990 ext 1 (2,9(2)

FILED

Mar 16 1998 8:00am

Secretary of State